

1 FW 3644

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on April 27, 2005

Mary N. Kilgore
Mary N. Kilgore

In Re Application of:

Hazenbroek, et al.

Serial No.: 09/899,319

Filed: 07-05-01

Confirmation No.: 2142

Group Art Unit: 3644

Examiner: Alimenti, Susan C.

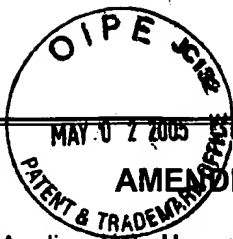
Docket No.: 11954-1910

For: **Skinner for Poultry Carcasses**

The following is a list of documents enclosed:

Return Postcard
Amendment and Response
Amendment Transmittal
Statement Under 37 C.F.R. 1.97(e)
Information Disclosure Statement/ PTO Form 1449 (1 ref.)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant(s): Hazenbroek, et al.

Docket No.

11954-1910

Serial No.
09/899,319Filing Date
07-05-01Examiner
Alimenti, Susan C.Confirmation No.
2142Group Art Unit
3644Invention: **Skinner for Poultry Carcasses**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450


Transmitted herewith is an Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	30 =	0	X \$25.00	\$0.00
INDEP. CLAIMS	4 -	13 =	0	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required.
☐ Please charge Deposit Account No. _____ in the amount of _____.
☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


George M. Thomas, Reg. No. 22,260


Date